

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 404000037455

1. Limited Liability Company's Name

Akeem Alguero Painting, LLC

CR2E041 (8/05)

2. Principal Office Address

4142 SW Bamberg St.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip
34953

Country
U.S.A.

3. Mailing Office Address

4142 SW Bamberg St.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip
34953

Country
U.S.A.

4. State/Country of Formation

FL, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

05/17/2004

6. FEI Number

20-1132750

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Akeem Alguero

Street Address (P.O. Box Number is Not Acceptable)

4142 SW Bamberg St.

Suite, Apt. #, Etc.

City

Port St. Lucie

State
FL

Zip Code
34953

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Akeem Alguero

REGISTERED AGENT MUST SIGN

Date

12/15/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Akeem Alguero	4142 SW Bamberg Street	Port St. Lucie, Florida 34953

REINSTATEMENT 05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Akeem Alguero

Date

12/15/06

Daytime Phone #

772-240-0527

Typed or printed name of signing Managing Member/Manager Akeem Alguero